

SERFF Tracking Number: CRSU-127696849 State: Arkansas
Filing Company: Credit Suisse Life Settlements LLC State Tracking Number: 50022
Company Tracking Number:
TOI: LS01 Life Settlements Sub-TOI: LS01.000 Life Settlements
Product Name: Life Settlement Form Filing
Project Name/Number: /

Filing at a Glance

Company: Credit Suisse Life Settlements LLC

Product Name: Life Settlement Form Filing

TOI: LS01 Life Settlements

Sub-TOI: LS01.000 Life Settlements

Filing Type: Form

SERFF Tr Num: CRSU-127696849 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num:

Author: Brian Platt

Date Submitted: 10/12/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/19/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Filing Status Changed: 10/19/2011

State Status Changed: 10/19/2011

Created By: Brian Platt

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Brian Platt

Credit Suisse Life Settlements LLC would like to amend its previously filed HIPAA and Life Settlement Application forms.

Company and Contact

Filing Contact Information

Brian Platt,

11 Madison Avenue

9th Floor

New York, NY 10010

brian.platt@credit-suisse.com

212-325-4576 [Phone]

SERFF Tracking Number:	CRSU-127696849	State:	Arkansas
Filing Company:	Credit Suisse Life Settlements LLC	State Tracking Number:	50022
Company Tracking Number:			
TOI:	LS01 Life Settlements	Sub-TOI:	LS01.000 Life Settlements
Product Name:	Life Settlement Form Filing		
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Filing Company Information

Credit Suisse Life Settlements LLC	CoCode:	State of Domicile: Delaware
11 Madison Avenue	Group Code:	Company Type:
9th Floor	Group Name:	State ID Number:
New York, NY 10010	FEIN Number: 26-0344936	
(212) 325-4576 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50x2
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Credit Suisse Life Settlements LLC	\$100.00	10/12/2011	52752192

<i>SERFF Tracking Number:</i>	<i>CRSU-127696849</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Credit Suisse Life Settlements LLC</i>	<i>State Tracking Number:</i>	<i>50022</i>
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<i>TOI:</i>	<i>LS01 Life Settlements</i>	<i>Sub-TOI:</i>	<i>LS01.000 Life Settlements</i>
<i>Product Name:</i>	<i>Life Settlement Form Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/19/2011	10/19/2011

<i>SERFF Tracking Number:</i>	<i>CRSU-127696849</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Credit Suisse Life Settlements LLC</i>	<i>State Tracking Number:</i>	<i>50022</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LS01 Life Settlements</i>	<i>Sub-TOI:</i>	<i>LS01.000 Life Settlements</i>
<i>Product Name:</i>	<i>Life Settlement Form Filing</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 10/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CRSU-127696849 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Consent to Release Medical Records	No	
Supporting Document	Escrow Agreement	No	
Supporting Document	Physician Statement	No	
Supporting Document	Power of Attorney	No	
Supporting Document	Blacklines	Yes	
Form	Application - Entity/Individual as Seller	Yes	
Form	HIPAA Release - Entity/Individual as Seller	Yes	

SERFF Tracking Number: CRSU-127696849 State: Arkansas

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TOI: LS01 Life Settlements Sub-TOI: LS01.000 Life Settlements

Product Name: Life Settlement Form Filing

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AR01	Application/ Enrollment Form	Application - Entity/Individual as Seller	Revised	Replaced Form #: AR01 Previous Filing #:		Revised AR 01 - LifeSettlementApplicationForm.pdf
	AR03A	Other	HIPAA Release - Entity/Individual as Seller	Revised	Replaced Form #: AR03A Previous Filing #:		new Revised AR 03 - HIPAA.pdf

LIFE INSURANCE SETTLEMENT APPLICATION FORM

INSURED PERSONAL DATA

First Insured

[1st Ins Name]	[1st Ins DOB]	[1st Ins Sex]	[1st Ins SSN]
NAME OF FIRST INSURED NUMBER	DATE OF BIRTH	SEX	SOCIAL SECURITY

DRIVER'S LICENSE/STATE ID NO.	COUNTRY OF CITIZENSHIP
-------------------------------	------------------------

[1st Ins Address]	[1st Ins ZIP]
ADDRESS OF PRIMARY RESIDENCE	PHONE NUMBER

[1st Ins City]	[1st Ins State]	[1st Ins ZIP]
CITY	STATE	ZIP

REASON FOR SALE

IS THE FIRST INSURED CURRENTLY MARRIED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF NO,:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAS THE FIRST INSURED EVER BEEN MARRIED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAS THE FIRST INSURED EVER BEEN WIDOWED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAS THE FIRST INSURED EVER BEEN LEGALLY SEPARATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAS THE FIRST INSURED EVER BEEN DIVORCED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Please provide the total amount of life insurance on the Insured that is currently in-force, pending or has been sold;

Insurance Company	Policy No.	Amount	Issue Date	Policy Type	Pending	In-Force	Sold
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: IF DIVORCED, PLEASE PROVIDE A COPY OF DIVORCE DECREE.

Second Insured (If Applicable)

[2nd Ins Name]	[2nd Ins DOB]	[2nd Ins Sex]	[2nd Ins SSN]
NAME OF SECOND INSURED NUMBER	DATE OF BIRTH	SEX	SOCIAL SECURITY

DRIVER'S LICENSE/STATE ID NO.	COUNTRY OF CITIZENSHIP
-------------------------------	------------------------

[2nd Ins Address]	
ADDRESS OF PRIMARY RESIDENCE	PHONE NUMBER

[2nd Ins City]	[2nd Ins State]	[2nd Ins ZIP]
CITY	STATE	ZIP

REASON FOR SALE

IS THE SECOND INSURED CURRENTLY MARRIED? YES ☐ NO ☐

IF NO,: YES ☐ NO ☐

HAS THE SECOND INSURED EVER BEEN MARRIED? YES ☐ NO ☐

HAS THE SECOND INSURED EVER BEEN WIDOWED? YES ☐ NO ☐

HAS THE SECOND INSURED EVER BEEN LEGALLY SEPARATED? YES ☐ NO ☐

HAS THE SECOND INSURED EVER BEEN DIVORCED? YES ☐ NO ☐

Please provide the total amount of life insurance on the Insured that is currently in-force, pending or has been sold;

Insurance Company	Policy No.	Amount	Issue Date	Policy Type	Pending	In-Force	Sold
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIFE INSURANCE POLICY INFORMATION

[Carrier Name] Amount]	[Policy Number]	[Policy	Face
INSURANCE COMPANY	POLICY NUMBER	FACE AMOUNT	

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH POLICY BENEFICIARY:

[Policy Bene 1 Name]

PRIMARY BENEFICIARY POLICYOWNER	RELATIONSHIP TO FIRST INSURED/SECOND INSURED	RELATIONSHIP	TO
------------------------------------	--	--------------	----

ADDRESS

PHONE NUMBER

**[Policy Bene 1 City]
ZIP]**

[Policy Bene 1 State]

[Policy Bene 1

CITY

STATE

ZIP

[Policy Bene 2 Name]

PRIMARY BENEFICIARY POLICYOWNER	RELATIONSHIP TO FIRST INSURED/SECOND INSURED	RELATIONSHIP	TO
------------------------------------	--	--------------	----

ADDRESS

PHONE NUMBER

[Policy Bene 2 City]

[Policy Bene 2 State]

[Policy Bene 2 ZIP]

CITY

STATE

ZIP

[Policy Bene 3 Name]

PRIMARY BENEFICIARY POLICYOWNER	RELATIONSHIP TO FIRST INSURED/SECOND INSURED	RELATIONSHIP	TO
------------------------------------	--	--------------	----

ADDRESS

PHONE NUMBER

[Policy Bene 3 City]

[Policy Bene 3 State]

[Policy Bene 3 ZIP]

CITY

STATE

ZIP

NOTE: IF ADDITIONAL BENEFICIARIES EXIST, PLEASE LIST ON A SEPARATE PAGE

POLICY OWNER INFORMATION

(PLEASE ATTACH ADDITIONAL SHEETS FOR MULTIPLE OWNERS)

[PolicyOwner Name]

NAME OF POLICYOWNER

SOCIAL SECURITY OR TAX ID NUMBER

[PolicyOwner Signatory Name]

NAME OF AUTHORIZED OFFICER/MANAGER/MEMBER/PARTNER/TRUSTEE (IF POLICY IS NOT INDIVIDUALLY OWNED)

[Policy Owner Address]

ADDRESS OF PRIMARY RESIDENCE OR DOMICILE

PHONE NUMBER

**[Policy Owner City]
Owner ZIP]**

[Policy Owner State]

[Policy

CITY

STATE

ZIP

ADDRESS OF SECONDARY RESIDENCE OR DOMICILE (IF APPLICABLE)

CITY

STATE

ZIP

WHAT IS THE APPROXIMATE NET WORTH (EXCLUSIVE OF PRIMARY RESIDENCE) OF THE POLICYOWNER¹ (TOGETHER WITH SPOUSE IF APPLICABLE)? _____

IS THE POLICY OWNER CURRENTLY MARRIED?

YES ☐ NO ☐

IF NO,:

YES ☐ NO ☐

HAS THE POLICY OWNER EVER BEEN MARRIED?

YES ☐ NO ☐

HAS THE POLICY OWNER EVER BEEN WIDOWED?

YES ☐ NO ☐

HAS THE POLICY OWNER EVER BEEN LEGALLY SEPARATED?

YES ☐ NO ☐

HAS THE POLICY OWNER EVER BEEN DIVORCED?

YES ☐ NO ☐

NOTE: IF POLICY OWNER HAS BEEN THE SUBJECT OF ANY BANKRUPTCY PROCEEDING, PLEASE PROVIDE A COPY OF THE FINAL BANKRUPTCY DISCHARGE, RESOLUTION OR REORGANIZATION LETTER.

¹ If the Policyowner is an estate planning vehicle, please provide the approximate net worth (exclusive of primary residence) of the insured (together with spouse if applicable).

MEDICAL INFORMATION

FIRST INSURED:

[1st Ins Phys Name]	[1st Ins Phys Phone #]
NAME OF PRIMARY PHYSICIAN	PHONE NUMBER

[1st Ins Phys Address]
ADDRESS

[1st Ins Phys City]	[1st Ins Phys State]	[1st Ins Phys ZIP]
CITY	STATE	ZIP

NAME OF SPECIALIST PHYSICIAN	SPECIALTY	PHONE NUMBER
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ADDRESS

CITY	STATE	ZIP
------	-------	-----

[1stInsHInsCo.]	[1stInsHInsGroupNo]	[1stInsHInsMemberNo]
HEALTH INSURANCE PROVIDER	POLICY/GROUP NO.	MEMBER ID. NO.

NOTE: IF ADDITIONAL SPECIALIST PHYSICIANS EXIST, PLEASE PROVIDE DETAILS ON A SEPARATE PAGE.

SECOND INSURED (IF APPLICABLE):

[2nd Ins Phys Name]	[2nd Ins Phys Phone #]
NAME OF PRIMARY PHYSICIAN	PHONE NUMBER

[2nd Ins Phys Address]
ADDRESS

[2nd Ins Phys City]	[2nd Ins Phys State]	[2nd Ins Phys ZIP]
CITY	STATE	ZIP

NAME OF SPECIALIST PHYSICIAN	SPECIALTY	PHONE NUMBER
------------------------------	-----------	--------------

ADDRESS

CITY	STATE	ZIP
------	-------	-----

[2ndInsHInsCo.]	[2ndInsHInsGroupNo]	[2ndInsHInsMemberNo]
HEALTH INSURANCE PROVIDER	POLICY/GROUP NO.	MEMBER ID. NO.

NOTE: IF ADDITIONAL SPECIALIST PHYSICIANS EXIST, PLEASE PROVIDE DETAILS ON A SEPARATE PAGE.

POLICY ORIGINATION

HAS ANY PERSON OTHER THAN THE FIRST INSURED / SECOND INSURED (THE "INSUREDS"), A FAMILY MEMBER OF THE INSUREDS, OR AN ESTATE PLANNING VEHICLE (OF WHICH ALL OF THE OWNERS AND/OR BENEFICIARIES THEREOF ARE FAMILY MEMBERS OF THE INSUREDS) EVER OWNED, DIRECTLY OR INDIRECTLY, THE POLICY OR ANY INTEREST THEREIN?

YES ☐ NO ☐

HAVE ANY PREMIUMS ON THE POLICY BEEN DIRECTLY OR INDIRECTLY FINANCED OR PAID BY A PERSON OR ENTITY OTHER THAN THE INSUREDS, A FAMILY MEMBER OF THE INSUREDS, OR AN ESTATE PLANNING VEHICLE (OF WHICH ALL OF THE OWNERS AND/OR BENEFICIARIES THEREOF ARE FAMILY MEMBERS OF THE INSUREDS)?

YES ☐ NO ☐

IF YOU ANSWERED YES TO EITHER QUESTION, PLEASE EXPLAIN:

POLICY OWNER COUNSEL

[Counsel Name] Phone #]	[Counsel Firm]	[Counsel
NAME OF LEGAL COUNSEL	NAME OF FIRM	PHONE NUMBER
[Counsel Address]		
ADDRESS		
[Counsel City] [Counsel ZIP]	[Counsel State]	
CITY	STATE	ZIP

NOTICE TO POLICY OWNERS AND INSUREDS

IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY PRESENT FALSE INFORMATION IN, OR CONCEAL INFORMATION RELATED TO, AN APPLICATION FOR INSURANCE OR AN APPLICATION FOR A LIFE SETTLEMENT CONTRACT. IT IS ALSO UNLAWFUL FOR ANY PERSON TO PROVIDE FALSE INFORMATION TO OR CONCEAL MATERIAL INFORMATION FROM A LIFE SETTLEMENT PROVIDER FOR THE PURPOSE OF MISLEADING OR WITH THE INTENT TO DEFRAUD A LIFE SETTLEMENT PROVIDER. CREDIT SUISSE LIFE SETTLEMENTS LLC WILL PURSUE ALL AVAILABLE REMEDIES FOR FRAUD, INCLUDING BUT NOT LIMITED TO RECOVERY OF MONETARY DAMAGES, AND WHICH MAY INCLUDE RESCISSION OF ANY CONTRACT ENTERED INTO AS THE RESULT OF OR AFFECTED BY SUCH FRAUD. CREDIT SUISSE LIFE SETTLEMENTS LLC WILL ALSO REPORT CASES OF SUSPECTED FRAUD TO THE APPROPRIATE LEGAL AND REGULATORY AUTHORITIES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND/OR CIVIL DAMAGES.

PRIVACY STATEMENT

This Privacy Statement, is provided by Credit Suisse Life Settlements LLC through its affiliates and applies only in connection with the proposed life settlement transaction (the "Settlement Transaction"). In this Privacy Statement, "Insured" means the person(s) who are named as the insured(s) on the life insurance policy(ies) that are the subject of the Settlement Transaction. Credit Suisse Life Settlements LLC and its affiliates, and any of their respective service providers may collect medical and health information (collectively, "Private Health Information") from the Insured(s) and their health care providers. Credit Suisse Life Settlements LLC may also collect other personally identifiable information ("Personal Information") about the Insured(s) from the following sources: (i) Personal Information Credit Suisse Life Settlements LLC receives from the Insured(s) or the policyowner on applications or other forms completed in connection with the Settlement Transaction, (ii) Personal Information from the policies that are subject to the Settlement Transaction, and (iii) Personal Information received from third parties, such as consumer reporting agencies.

Credit Suisse Life Settlements LLC may disclose the Private Health Information and other Personal Information to (i) its affiliates, successors, assigns and any of its and any of their respective trustees, directors, officers, employees, agents, independent contractors, service providers (including, but not limited to, the following life expectancy underwriters: AVS, 21st Services, Fasano, EMSI and Lewis & Ellis), (ii) its funding sources and their service providers, (iii) rating agencies and their service providers and (iv) prospective subsequent purchasers of the policy(ies) (the "Recipients"), and may also disclose Personal Information to government agencies, fraud prevention agencies, or as required or compelled under any judicial, legal or regulatory process.

Credit Suisse Life Settlements LLC maintains physical, electronic and procedural safeguards that comply with requirements federal and state standards to protect Private Health Information and Personal Information.

Credit Suisse Life Settlements LLC will not disclose the identity of the viator unless the disclosure (i) is necessary to effect a viatical settlement between the viator and provider and the viator and insured have provided prior written consent to the disclosure; (ii) is provided in response to an investigation or examination by the Arkansas Insurance Commissioner or any other governmental officer or agency; (iii) is a term of or condition to the transfer of a policy by one provider to another provider; (iv) is necessary to permit a financing entity, related provider trust, or special purpose entity to finance the purchase of policies by a provider and the viator and insured have provided prior written consent to the disclosure; (v) is necessary to allow the provider or broker or its authorized representatives to make contacts for the purpose of determining health status; (vi) is required to purchase stop-loss coverage; or (vii) as otherwise allowed or required by law.

VERIFICATION OF MATERIAL INFORMATION

In signing this application, each undersigned certifies and represents that the information provided in this application is true and correct to the best of knowledge, and that the undersigned are in receipt of the attached NAIC brochure describing the process of viatical settlements. Each undersigned also understand and agrees that all of the requests for information made by Credit Suisse Life Settlements LLC, and the information provided to Credit Suisse Life Settlements LLC in this application are material to Credit Suisse Life Settlements LLC's decisions concerning whether or on what terms it will purchase the policy.

SIGNATURE OF FIRST INSURED

DATE

SIGNATURE OF SECOND INSURED (IF APPLICABLE)

DATE

POLICY OWNER:

[Entity Name

By: _____

Name: _____

Title: _____]

[If individual, use blank line _____]

STATE OF

)

) ss.:

COUNTY OF

)

On the ____ day of _____, in the year 20__, before me, the undersigned, a Notary Public in and for said State, personally appeared **[Policy Owner's Name] [Authorized Signatory's Name]**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed within the Life Insurance Settlement Application Form and acknowledged to me that he/she executed the same, and that by his/her signature on the Life Insurance Settlement Application Form, the individual, **[as an authorized signatory for the [Policy Owner's Name]]**, had full and complete understanding of the benefits of the policy, and executed the instrument freely and voluntarily.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public/Commissioner of Oath

My Commission Expires: _____

Selling Your Life Insurance Policy Understanding *Viatical* Settlements

What is a Viatical Settlement?

A viatical settlement is the sale of a life insurance policy to a third party. The owner (*viator*) of the life insurance policy sells the policy for an immediate cash benefit.

The buyer (the viatical settlement provider) becomes the new owner of the life insurance policy, pays future premiums, and collects the death benefit when the insured dies.

At one time, most viatical settlements were from people with a life-threatening illness. Now, individuals who are not facing a health crisis may sell their life insurance policies to get cash.

Your state insurance department and the National Association of Insurance Commissioners want you to have the facts before you sell your life insurance policy. This brochure provides some of that information, but it is only a starting point. Consult your own professional financial advisor, attorney, or accountant to help you decide if this is the most suitable arrangement for you.

Consider Your Options

If you're selling your policy to get cash to pay expenses, check all of your options. You may find a way to get more cash from your life insurance policy.

Ask your insurance agent or company if you have any cash value in your life insurance policy. You may be able to use some of the cash value to meet your immediate needs and keep your policy in force for your beneficiaries. You may also be able to use the cash value as security for a loan from a financial institution.

Find out if your life insurance policy has an *accelerated death benefit*. An accelerated death benefit typically pays some of the policy's death benefit before the insured dies. It may be a way for you to get cash from a policy without selling it to a third party.

Consumer tips

- **Comparison shop.** Get quotes from several companies to make sure you have a competitive offer.
- **Find out the tax implications.** Not all proceeds received from the sale of your life insurance policy are tax free.
- **It's important to know that any of your creditors could claim your cash settlement.**
- **Find out if you will lose any public assistance benefits such as food stamps or Medicaid if you get a cash settlement.**
- **The buyer of your policy can periodically ask you about your health status.** The buyer is required to give you a privacy notice outlining who will get this personal information. Be sure to read it.
- **Check all application forms for accuracy, especially your medical history.** All questions must be answered truthfully and completely.
- **Make sure the viatical settlement provider agrees to put your settlement proceeds into an independent escrow account to protect your funds during the transfer.**
- **Find out if you have the right to change your mind about the settlement AFTER you get the money.** If so, how many days do you have to reconsider and return the money?

Questions to Ask

- Do I still need life insurance protection?
- If I sell my policy, how do they decide how much cash I get?

- Is this an employer or other group policy? If so, do I need permission to sell it?
- If I sell my policy, who will be the legal owner?
- Do I need the advice of a tax or estate planning advisor before I decide to sell my policy?
- Who will have specific information about me, my family or my health status?
- After I sell my policy, can it be resold by the buyer?

Your state insurance department may have a list of viatical settlement providers and brokers that are licensed to do business in the state. Contact them to make sure yours are on the list.

Always Check with Your State

Contact your state insurance or securities departments to learn about the issues and risks of viatical settlements if:

- you're considering selling your life insurance policy;
- you're asked to sell your life insurance policy *and* your health hasn't changed since you bought the policy;
- you're asked to buy a new life insurance policy and immediately sell it for cash.

Buying a Life Insurance Policy?

If you're interested in buying a life insurance policy as an investment, contact your state insurance department *before* you make a decision.

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, the undersigned individual, authorize the disclosure of my protected health information ("PHI") as defined under the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 as follows:

1. Classes of Persons Authorized to Disclose My Protected Health Information: I authorize each doctor, hospital, clinic, laboratory, nurse, pharmacy, pharmacy benefit manager, licensed physician, medical practitioner, physician practice group, licensed professional counselor, licensed clinical professional counselor, licensed psychologist, licensed clinical psychotherapist, social worker, treatment facility, medical related facility, the Medical Information Bureau ('MIB'), any other organization, institution or person that has knowledge or records of me and my health and any other type of health care provider or any medical insurer (each, an "Authorized HCP") having any PHI about me to disclose any and all of my PHI as provided under this authorization. I acknowledge that all of my PHI in the possession of any Authorized HCP is necessary for the purpose for which this authorization is given as described below. I authorize each Authorized HCP to rely upon a photostatic or facsimile copy or other reproduction of this authorization. This authorization allows for the disclosure, inspection and copying of any and all records, reports, and/or documents, including any underlying data, regarding my care and treatment and any other information in any Authorized HCP's possession concerning any treatment or hospitalization, including, but not limited to, all testing materials completed by or administered, along with any and all medical charts, clinical or doctors' notes, memoranda, medical reports, X-ray reports, index cards, history notes, pictures, records and medical bills in any Authorized HCP's possession or control.

2. Classes of Persons Authorized to Receive My Protected Health Information: I authorize each Authorized HCP to disclose my PHI under this authorization to Credit Suisse Securities (Europe) Limited, Credit Suisse Life Settlements LLC and CSSEL Bare Trust and any of their subsidiaries, successors (potential and actual), assigns, beneficiaries and affiliates (collectively, "Credit Suisse"), Wells Fargo Bank, N.A. and any of its service providers, any medical record retrieval company (including, without limitation, Examination Management Services, Inc., MedSave USA, and Record Express, LLC) and any life expectancy underwriters (including, without limitation, AVS, 21st Services, Fasano Associates, ISC and EMSI) (each, an "Authorized Recipient"). I also authorize each Authorized Recipient to share the information described herein with (i) potential and actual counterparties to financing, purchasing, hedging and related arrangements, (ii) any life insurance or annuity company and (iii) any other Authorized Recipient (for the avoidance of doubt, such Authorized Recipient in receipt of the PHI shall have the authority to, in turn, share my PHI as if it had received such PHI directly from me).

3. Description of Protected Health Information Authorized for Disclosure and Purpose of Disclosure: This authorization shall apply to any and all of my health and medical data, information and records, as well as any other information derived from the foregoing, whether or not personally or individually identifiable or protected under any federal or state confidentiality or privacy laws or regulations, including without limitation: (i) any life expectancy analysis relating to me; (ii) drug or alcohol abuse; (iii) mental or emotional health conditions, including but not limited to, treatment in a psychiatric hospital; (iv) a sexually transmitted disease; (v) a communicable disease required to be reported to a state health agency; (vi) infection with human immunodeficiency virus (HIV), test results for exposure to HIV infection, or a diagnosis of having ARC (AIDS-related complex) or AIDS caused by HIV infection or another sickness or condition caused by or derived from such HIV infection, or other HIV- related information; (vii) mental retardation; (viii) autism; (ix) a genetic disease, genetic information, or results from genetic tests; (x) a condition that resulted in residence and/or treatment in or by a sanatoria, rest home, nursing home, long term care facility, adult care facility, boarding home, general or speciality hospital, home health agency, recovery care center, rehabilitation hospital, ambulatory care facility, psychiatric adult acute partial hospital, outpatient surgical center, ambulance service or related institution; (xi) development disabilities; (xii) known or suspected cases of tuberculosis, (xiii) end stage renal disease; (xiv) a condition that resulted in treatment at a hospital; and (xv) blindness or visual impairment.

This authorization and all disclosures of my PHI made under this authorization are for purposes of allowing the Authorized Recipient (a) to analyze, assess, or evaluate my health or medical condition, or life expectancy, in connection with the potential sale of any life insurance policy under which my life is insured or in connection with the purchase, maintenance or management of any annuity under which my life is the measuring life, or any sale, assignment or other transfer of such life insurance policy or annuity after its issuance, (b) to enable Credit Suisse to negotiate and enter into relevant financing, hedging and related agreements, (c) to monitor, track or verify my health or medical status and condition, (d) to track mortality trends, (e) to enable Credit Suisse to develop longevity-based financial products and indices that do not personally identify me but upon which payments may be made based upon my mortality or (f) to comply with any judicial, legal or regulatory process.

I acknowledge and understand that Credit Suisse may re-disclose my PHI to its funding sources and their service providers or other representatives, rating agencies and their service providers, and prospective subsequent purchasers of, or investors in, any life insurance policy under which my life is insured.

4. Expiration of Authorization: This Authorization will remain valid for and shall expire twenty-four months from the Effective Date set forth below.

5. Right to Revoke Authorization: I acknowledge and understand that I may revoke this authorization any time with respect to any Authorized HCP by notifying Credit Suisse in writing of my revocation of this authorization and delivering my revocation by mail or personal delivery at the following address: Credit Suisse Life Settlements LLC, Eleven Madison Avenue, 4th Floor, New York, NY 10010, Attention: Legal and Compliance Department and Kurt Gearhart; provided, that, any revocation of this authorization shall not apply to the extent that the Authorized Recipient has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

6. Inability to Condition Treatment, Payment, Enrollment or Eligibility for Benefits on Provision of Authorization. I acknowledge and understand that no HCP or other covered entity may condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

I understand that this authorization is not a consent or an authorization requested by a health care provider, health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that, as a result of this authorization, there is the potential for my PHI that is disclosed by any Authorized HCP to an Authorized Recipient to be subject to redisclosure by such Authorized Recipient and my PHI that is disclosed to such Authorized Recipient may no longer be protected by the HIPAA Privacy Regulations.

I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below and that all information contained in this authorization is true and correct. I further certify that this authorization is written in plain language and that I have received and retained a copy of this signed authorization for my future reference.

Insured's Signature:

Print Name:

Date:

Effective Date:

SERFF Tracking Number: CRSU-127696849 State: Arkansas
Filing Company: Credit Suisse Life Settlements LLC State Tracking Number: 50022
Company Tracking Number:
TOI: LS01 Life Settlements Sub-TOI: LS01.000 Life Settlements
Product Name: Life Settlement Form Filing
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Consent to Release Medical Records Bypass Reason: Previously provided Comments:		

	Item Status:	Status Date:
Bypassed - Item: Escrow Agreement Bypass Reason: Previously provided Comments:		

	Item Status:	Status Date:
Bypassed - Item: Physician Statement Bypass Reason: Previously provided Comments:		

	Item Status:	Status Date:
Bypassed - Item: Power of Attorney Bypass Reason: Previously provided Comments:		

	Item Status:	Status Date:
Satisfied - Item: Blacklines Comments:		

The attached blacklines illustrate where the changes have been made against the previously filed versions.

Attachments:

AR 01 - LifeSettlementApplicationForm-Revised AR 01 - LifeSettlementApplicationForm.pdf

SERFF Tracking Number: *CRSU-127696849* *State:* *Arkansas*
Filing Company: *Credit Suisse Life Settlements LLC* *State Tracking Number:* *50022*
Company Tracking Number:
TOI: *LS01 Life Settlements* *Sub-TOI:* *LS01.000 Life Settlements*
Product Name: *Life Settlement Form Filing*
Project Name/Number: /
WS_BinaryComparison_Revised AR 03 - HIPAA-new Revised AR 03 - HIPAA.pdf

LIFE INSURANCE SETTLEMENT APPLICATION FORM

INSURED PERSONAL DATA

First Insured

[1st Ins Name]	[1st Ins DOB]	[1st Ins Sex]	[1st Ins SSN]
NAME OF FIRST INSURED NUMBER	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER

DRIVER'S LICENSE/STATE ID NO.	COUNTRY OF CITIZENSHIP
-------------------------------	------------------------

[1st Ins Address]	[1st Ins ZIP]
ADDRESS OF PRIMARY RESIDENCE	PHONE NUMBER

[1st Ins City]	[1st Ins State]	[1st Ins ZIP]
CITY	STATE	ZIP

REASON FOR SALE

IS THE FIRST INSURED CURRENTLY MARRIED?	YES	NO
IF NO,:	YES	NO
HAS THE FIRST INSURED EVER BEEN MARRIED?	YES	NO
HAS THE FIRST INSURED EVER BEEN WIDOWED?	YES	NO
HAS THE FIRST INSURED EVER BEEN LEGALLY SEPARATED?	YES	NO
HAS THE FIRST INSURED EVER BEEN DIVORCED?	YES	NO

Please provide the total amount of life insurance on the Insured that is currently in-force, pending or has been sold;

Insurance Company	Policy No.	Amount	Issue Date	Policy Type	Pending	In-Force	Sold

NOTE: IF DIVORCED, PLEASE PROVIDE A COPY OF DIVORCE DECREE.

Second Insured (If Applicable)

[2nd Ins Name]	[2nd Ins DOB]	[2nd Ins Sex]	[2nd Ins SSN]
NAME OF SECOND INSURED NUMBER	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER

DRIVER'S LICENSE/STATE ID NO.	COUNTRY OF CITIZENSHIP
-------------------------------	------------------------

[2nd Ins Address]

ADDRESS OF PRIMARY RESIDENCE

PHONE NUMBER

[2nd Ins City]

[2nd Ins State]

[2nd Ins ZIP]

CITY

STATE

ZIP

REASON FOR SALE

IS THE SECOND INSURED CURRENTLY MARRIED?

YES

NO

IF NO,:

YES

NO

HAS THE SECOND INSURED EVER BEEN MARRIED?

YES

NO

HAS THE SECOND INSURED EVER BEEN WIDOWED?

YES

NO

HAS THE SECOND INSURED EVER BEEN LEGALLY SEPARATED?

YES

NO

HAS THE SECOND INSURED EVER BEEN DIVORCED?

YES

NO

Please provide the total amount of life insurance on the Insured that is currently in-force, pending or has been sold;

Insurance Company	Policy No.	Amount	Issue Date	Policy Type	Pending	In-Force	Sold

LIFE INSURANCE POLICY INFORMATION

[Carrier Name]

[Policy Number]

[Policy

Face

Amount]

INSURANCE COMPANY

POLICY NUMBER

FACE AMOUNT

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH POLICY BENEFICIARY:

[Policy Bene 1 Name]

PRIMARY BENEFICIARY
POLICYOWNER

RELATIONSHIP TO FIRST INSURED/SECOND INSURED

RELATIONSHIP TO

ADDRESS

PHONE NUMBER

[Policy Bene 1 City]

[Policy Bene 1 State]

[Policy Bene 1

ZIP]

CITY

STATE

ZIP

[Policy Bene 2 Name]

PRIMARY BENEFICIARY
POLICYOWNER

RELATIONSHIP TO FIRST INSURED/SECOND INSURED

RELATIONSHIP TO

ADDRESS

PHONE NUMBER

[Policy Bene 2 City]

[Policy Bene 2 State]

[Policy Bene 2 ZIP]

CITY

STATE

ZIP

[Policy Bene 3 Name]

PRIMARY BENEFICIARY RELATIONSHIP TO FIRST INSURED/SECOND INSURED RELATIONSHIP TO
POLICYOWNER

ADDRESS

PHONE NUMBER

[Policy Bene 3 City]

[Policy Bene 3 State]

[Policy Bene 3 ZIP]

CITY

STATE

ZIP

NOTE: IF ADDITIONAL BENEFICIARIES EXIST, PLEASE LIST ON A SEPARATE PAGE

POLICY OWNER INFORMATION

(PLEASE ATTACH ADDITIONAL SHEETS FOR MULTIPLE OWNERS)

[PolicyOwner Name]

NAME OF POLICYOWNER

SOCIAL SECURITY OR TAX ID NUMBER

[PolicyOwner Signatory Name]

NAME OF AUTHORIZED OFFICER/MANAGER/MEMBER/PARTNER/TRUSTEE (IF POLICY IS NOT INDIVIDUALLY OWNED)

[Policy Owner Address]

ADDRESS OF PRIMARY RESIDENCE OR DOMICILE

PHONE NUMBER

[Policy Owner City]

[Policy Owner State]

[Policy Owner ZIP]

CITY

STATE

ZIP

ADDRESS OF SECONDARY RESIDENCE OR DOMICILE (IF APPLICABLE)

CITY

STATE

ZIP

WHAT IS THE APPROXIMATE NET WORTH (EXCLUSIVE OF PRIMARY RESIDENCE) OF THE POLICYOWNER¹
(TOGETHER WITH SPOUSE IF APPLICABLE)?

IS THE POLICY OWNER CURRENTLY MARRIED?

YES

NO

IF NO,:

YES

NO

HAS THE POLICY OWNER EVER BEEN MARRIED?

YES

NO

HAS THE POLICY OWNER EVER BEEN WIDOWED?

YES

NO

HAS THE POLICY OWNER EVER BEEN LEGALLY SEPARATED?

YES

NO

HAS THE POLICY OWNER EVER BEEN DIVORCED?

YES

NO

NOTE: IF POLICY OWNER HAS BEEN THE SUBJECT OF ANY BANKRUPTCY PROCEEDING, PLEASE PROVIDE A COPY OF THE
FINAL BANKRUPTCY DISCHARGE, RESOLUTION OR REORGANIZATION LETTER.

¹ If the Policyowner is an estate planning vehicle, please provide the approximate net worth (exclusive of primary residence) of the insured (together with spouse if applicable).

MEDICAL INFORMATION

FIRST INSURED:

[1st Ins Phys Name] [1st Ins Phys Phone #]
NAME OF PRIMARY PHYSICIAN PHONE NUMBER

[1st Ins Phys Address]
ADDRESS

[1st Ins Phys City] [1st Ins Phys State] [1st Ins Phys ZIP]
CITY STATE ZIP

NAME OF SPECIALIST PHYSICIAN SPECIALTY PHONE NUMBER

ADDRESS

CITY STATE ZIP

[1stInsHInsCo.] [1stInsHInsGroupNo] [1stInsHInsMemberNo]
HEALTH INSURANCE PROVIDER POLICY/GROUP NO. MEMBER ID. NO.

NOTE: IF ADDITIONAL SPECIALIST PHYSICIANS EXIST, PLEASE PROVIDE DETAILS ON A SEPARATE PAGE.

SECOND INSURED (IF APPLICABLE):

[2nd Ins Phys Name] [2nd Ins Phys Phone #]
NAME OF PRIMARY PHYSICIAN PHONE NUMBER

[2nd Ins Phys Address]
ADDRESS

[2nd Ins Phys City] [2nd Ins Phys State] [2nd Ins Phys ZIP]
CITY STATE ZIP

NAME OF SPECIALIST PHYSICIAN SPECIALTY PHONE NUMBER

ADDRESS

CITY STATE ZIP

[2ndInsHInsCo.] [2ndInsHInsGroupNo] [2ndInsHInsMemberNo]
HEALTH INSURANCE PROVIDER POLICY/GROUP NO. MEMBER ID. NO.

NOTE: IF ADDITIONAL SPECIALIST PHYSICIANS EXIST, PLEASE PROVIDE DETAILS ON A SEPARATE PAGE.

POLICY ORIGATION

HAS ANY PERSON OTHER THAN THE FIRST INSURED / SECOND INSURED (THE "INSURED(S)"), A FAMILY MEMBER OF THE INSURED(S), OR AN ESTATE PLANNING VEHICLE (OF WHICH ALL OF THE OWNERS AND/OR BENEFICIARIES THEREOF ARE FAMILY MEMBERS OF THE INSURED(S)) EVER OWNED, DIRECTLY OR INDIRECTLY, THE POLICY OR ANY INTEREST THEREIN?

YES NO

HAVE ANY PREMIUMS ON THE POLICY BEEN DIRECTLY OR INDIRECTLY FINANCED OR PAID BY A PERSON OR ENTITY OTHER THAN THE INSURED(S), A FAMILY MEMBER OF THE INSURED(S), OR AN ESTATE PLANNING VEHICLE (OF WHICH ALL OF THE OWNERS AND/OR BENEFICIARIES THEREOF ARE FAMILY MEMBERS OF THE INSURED(S))?

YES NO

IF YOU ANSWERED YES TO EITHER QUESTION, PLEASE EXPLAIN:

POLICY OWNER COUNSEL

[Counsel Name] [Counsel Firm] [Counsel

Phone #]

NAME OF LEGAL COUNSEL NAME OF FIRM PHONE NUMBER

[Counsel Address]

ADDRESS

[Counsel City]

ZIP]

CITY STATE ZIP

[Counsel State] [Counsel

NOTICE TO POLICY OWNERS AND INSURED(S)

IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY PRESENT FALSE INFORMATION IN, OR CONCEAL INFORMATION RELATED TO, AN APPLICATION FOR INSURANCE OR AN APPLICATION FOR A LIFE SETTLEMENT CONTRACT. IT IS ALSO UNLAWFUL FOR ANY PERSON TO PROVIDE FALSE INFORMATION TO OR CONCEAL MATERIAL INFORMATION FROM A LIFE SETTLEMENT PROVIDER FOR THE PURPOSE OF MISLEADING OR WITH THE INTENT TO DEFRAUD A LIFE SETTLEMENT PROVIDER. CREDIT SUISSE LIFE SETTLEMENTS LLC WILL PURSUE ALL AVAILABLE REMEDIES FOR FRAUD, INCLUDING BUT NOT LIMITED TO RECOVERY OF MONETARY DAMAGES, AND WHICH MAY INCLUDE RESCISSION OF ANY CONTRACT ENTERED INTO AS THE RESULT OF OR AFFECTED BY SUCH FRAUD. CREDIT SUISSE LIFE SETTLEMENTS LLC WILL ALSO REPORT CASES OF SUSPECTED FRAUD TO THE APPROPRIATE LEGAL AND REGULATORY AUTHORITIES. PENALTIES MAY INCLUDE IMPRISONMENT, FINES AND/OR CIVIL DAMAGES.

PRIVACY STATEMENT

This Privacy Statement, is provided by Credit Suisse Life Settlements LLC through its affiliates and applies only in connection with the proposed life settlement transaction (the "Settlement Transaction"). In this Privacy Statement, "Insured" means the person(s) who are named as the insured(s) on the life insurance policy(ies) that are the subject of the Settlement Transaction. Credit Suisse Life Settlements LLC and its affiliates, and any of their respective service providers may collect medical and health information (collectively, "Private Health Information") from the Insured(s) and their health care providers. Credit Suisse Life Settlements LLC may also collect other personally identifiable information ("Personal Information") about the Insured(s) from the following sources: (i) Personal Information Credit Suisse Life Settlements LLC receives from the Insured(s) or the policyowner on applications or other forms completed in connection with the Settlement Transaction, (ii) Personal Information from the policies that are subject to the Settlement Transaction, and (iii) Personal Information received from third parties, such as consumer reporting agencies.

Credit Suisse Life Settlements LLC may disclose the Private Health Information and other Personal Information to (i) its affiliates, successors, assigns and any of its and any of their respective trustees, directors, officers, employees, agents, independent contractors, service providers (including, but not limited to, the following life expectancy underwriters: AVS, 21st Services, Fasano, EMSI and Lewis & Ellis), (ii) its funding sources and their service providers, (iii) rating agencies and their service providers and (iv) prospective subsequent purchases of the policy(ies) (the "Recipients"), and may also disclose Personal Information to government agencies, fraud prevention agencies, or as required or compelled under any judicial, legal or regulatory process.

Credit Suisse Life Settlements LLC maintains physical, electronic and procedural safeguards that comply with requirements federal and state standards to protect Private Health Information and Personal Information.

Credit Suisse Life Settlements LLC will not disclose the identity of the viator unless the disclosure (i) is necessary to effect a viatical settlement between the viator and provider and the viator and insured have provided prior written consent to the disclosure; (ii) is provided in response to an investigation or examination by the Arkansas Insurance Commissioner or any other governmental officer or agency; (iii) is a term of or condition to the transfer of a policy by one provider to another provider; (iv) is necessary to permit a financing entity, related provider trust, or special purpose entity to finance the purchase of policies by a provider and the viator and insured have provided prior written consent to the disclosure; (v) is necessary to allow the provider or broker or its authorized representatives to make contacts for the purpose of determining health status; (vi) is required to purchase stop-loss coverage; or (vii) as otherwise allowed or required by law.

VERIFICATION OF MATERIAL INFORMATION

In signing this application, each undersigned certifies and represents that the information provided in this application is true and correct to the best of knowledge, and that the undersigned are in receipt of the attached NAIC brochure describing the process of viatical settlements. Each undersigned also understand and agrees that all of the requests for information made by Credit Suisse Life Settlements LLC, and the information provided to Credit Suisse Life Settlements LLC in this application are material to Credit Suisse Life Settlements LLC's decisions concerning whether or on what terms it will purchase the policy.

SIGNATURE OF FIRST INSURED DATE

SIGNATURE OF SECOND INSURED (IF APPLICABLE)

DATE

POLICY OWNER: [Entity Name

By: _____ Name: _____

Title: _____]

[If individual, use blank line _____]

STATE OF

)) ss.:

COUNTY OF)

On the day of , ~~in the year 20~~, before me, ~~Notary Public for the State of Arkansas~~, **[Policy Owner's Name]** **[Authorized Signatory's Name]**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed within the Life Insurance Settlement Application Form and acknowledged to me that he/she executed the same, and that by his/her signature on the Life Insurance Settlement Application Form, the individual, **[as an authorized signatory for the [Policy Owner's Name]]**, had full and complete understanding of the benefits of the policy, and executed the instrument freely and voluntarily.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public/Commissioner of Oath

My Commission Expires: _____

**Selling Your Life Insurance Policy
Understanding Viatical Settlements**

What is a Viatical Settlement?

A viatical settlement is the sale of a life insurance policy to a third party. The owner (viator) of the life insurance policy sells the policy for an immediate cash benefit.

The buyer (the viatical settlement provider) becomes the new owner of the life insurance policy, pays future premiums, and collects the death benefit when the insured dies.

At one time, most viatical settlements were from people with a life-threatening illness. Now, individuals who are not facing a health crisis may sell their life insurance policies to get cash.

Your state insurance department and the National Association of Insurance Commissioners want you to have the facts before you sell your life insurance policy. This brochure provides some of that information, but it is only a starting point. Consult your own professional financial advisor, attorney, or accountant to help you decide if this is the most suitable arrangement for you.

Consider Your Options

If you're selling your policy to get cash to pay expenses, check all of your options. You may find a way to get more cash from your life insurance policy.

Ask your insurance agent or company if you have any cash value in your life insurance policy. You may be able to use some of the cash value to meet your immediate needs and keep your policy in force for your beneficiaries. You may also be able to use the cash value as security for a loan from a financial institution.

Find out if your life insurance policy has an accelerated death benefit. An accelerated death benefit typically pays some of the policy's death benefit before the insured dies. It may be a way for you to get cash from a policy without selling it to a third party.

Consumer tips

- **Comparison shop.** Get quotes from several companies to make sure you have a competitive offer.
- **Find out the tax implications.** Not all proceeds received from the sale of your life insurance policy are tax free.
- **It's important to know that any of your creditors could claim your cash settlement.**
- **Find out if you will lose any public assistance benefits such as food stamps or Medicaid if you get a cash settlement.**
- **The buyer of your policy can periodically ask you about your health status.** The buyer is required to give you a privacy notice outlining who will get this personal information. Be sure to read it.
- **Check all application forms for accuracy, especially your medical history.** All questions must be answered truthfully and completely.
- **Make sure the viatical settlement provider agrees to put your settlement proceeds into an independent escrow account to protect your funds during the transfer.**
- **Find out if you have the right to change your mind about the settlement AFTER you get the money.** If so, how many days do you have to reconsider and return the money?

Questions to Ask

- Do I still need life insurance protection? • If I sell my policy, how do they decide how much cash I get? • Is this an employer or other group policy? If so, do I need permission to sell it? • If I sell my policy, who will be the legal owner? • Do I need the advice of a tax or estate planning advisor before I decide to sell my policy? • Who will have specific information about me, my family or my health status? • After I sell my policy, can it be resold by the buyer?

Your state insurance department may have a list of viatical settlement providers and brokers that are licensed to do business in the state. Contact them to make sure yours are on the list.

Always Check with Your State

Contact your state insurance or securities departments to learn about the issues and risks of viatical settlements if:

- you're considering selling your life insurance policy;

- you're asked to sell your life insurance policy and your health hasn't changed since you bought the policy;
- you're asked to buy a new life insurance policy and immediately sell it for cash.

Buying a Life Insurance Policy?

If you're interested in buying a life insurance policy as an investment, contact your state insurance department before you make a decision.

Document comparison by Workshare Professional on Monday, July 18, 2011
11:24:10 AM

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Document 1 ID	file:///K:/_RestrictedAccess/Structuring Execution/E. Logan/Licensed States/Form Filings/Revised State forms for Stephanie/New Applications/AR 01 - LifeSettlementApplicationForm.pdf
Description	AR 01 - LifeSettlementApplicationForm
Document 2 ID	file:///K:/_RestrictedAccess/Structuring Execution/E. Logan/Licensed States/Form Filings/Revised State forms for Stephanie/New Applications/Revised AR 01 - LifeSettlementApplicationForm.pdf
Description	Revised AR 01 - LifeSettlementApplicationForm
Rendering set	standard

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Moved from	
<u>Moved to</u>	
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Format change	
Moved deletion	
Inserted cell	
Deleted cell	
Moved cell	
Split/Merged cell	
Padding cell	

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Deletions	0
Moved from	0
Moved to	0
Style change	0
Format changed	0
Total changes	4

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, the undersigned individual, authorize the disclosure of my protected health information ("PHI") as defined under the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 as follows:

1. Classes of Persons Authorized to Disclose My Protected Health Information: I authorize each doctor, hospital, clinic, laboratory, nurse, pharmacy, pharmacy benefit manager, licensed physician, medical practitioner, physician practice group, licensed professional counselor, licensed clinical professional counselor, licensed psychologist, licensed clinical psychotherapist, social worker, treatment facility, medical related facility, the Medical Information Bureau ('MIB'), any other organization, institution or person that has knowledge or records of me and my health and any other type of health care provider or any medical insurer (each, an "Authorized HCP") having any PHI about me to disclose any and all of my PHI as provided under this authorization. I acknowledge that all of my PHI in the possession of any Authorized HCP is necessary for the purpose for which this authorization is given as described below. I authorize each Authorized HCP to rely upon a photostatic or facsimile copy or other reproduction of this authorization. This authorization allows for the disclosure, inspection and copying of any and all records, reports, and/or documents, including any underlying data, regarding my care and treatment and any other information in any Authorized HCP's possession concerning any treatment or hospitalization, including, but not limited to, all testing materials completed by or administered, along with any and all medical charts, clinical or doctors' notes, memoranda, medical reports, X-ray reports, index cards, history notes, pictures, records and medical bills in any Authorized HCP's possession or control.

2. Classes of Persons Authorized to Receive My Protected Health Information: I authorize each Authorized HCP to disclose my PHI under this authorization to Credit Suisse Securities (Europe) Limited, Credit Suisse Life Settlements LLC and CSSEL Bare Trust and any of their subsidiaries, successors (potential and actual), assigns, beneficiaries and affiliates (collectively, "Credit Suisse"), Wells Fargo Bank, N.A. and any of its service providers, any medical record retrieval company (including, without limitation, Examination Management Services, Inc., MedSave USA, and Record Express, LLC) and any life expectancy underwriters (including,, without limitation, AVS, 21st Services, Fasano Associates, ISC and EMSI) (each, an "Authorized Recipient"). I also authorize each Authorized Recipient to share the information described herein with (i) potential and actual counterparties to financing, purchasing, hedging and related arrangements, (ii) any life insurance or annuity company and (iii) any other Authorized Recipient (for the avoidance of doubt, such Authorized Recipient in receipt of the PHI shall have the authority to, in turn, share my PHI as if it had received such PHI directly from me).

3. Description of Protected Health Information Authorized for Disclosure and Purpose of Disclosure: This authorization shall apply to any and all of my health and medical data, information and records, as well as any other information derived from the foregoing, whether or not personally or individually identifiable or protected under any federal or state confidentiality or privacy laws or regulations, including without limitation: (i) any life expectancy analysis relating to me; (ii) drug or alcohol abuse; (iii) mental or emotional health conditions, including but not limited to, treatment in a psychiatric hospital; (iv) a sexually transmitted disease; (v) a communicable disease required to be reported to a state health agency; (vi) infection with human immunodeficiency virus (HIV), test results for exposure to HIV infection, or a diagnosis of having ARC (AIDS-related complex) or AIDS caused by HIV infection or another sickness or condition caused by or derived from such HIV infection, or other HIV- related information; (vii) mental retardation; (viii) autism; (ix) a genetic disease, genetic information, or results from genetic tests; (x) a condition that resulted in residence and/or treatment in or by a sanatoria, rest home, nursing home, long term care facility, adult care facility, boarding home, general or speciality hospital, home health agency, recovery care center, rehabilitation hospital, ambulatory care facility, psychiatric adult acute partial hospital, outpatient surgical center, ambulance service or related institution; (xi) development disabilities; (xii) known or suspected cases of tuberculosis, (xiii) end stage

renal disease; (xiv) a condition that resulted in treatment at a hospital; and (xv) blindness or visual impairment.

This authorization and all disclosures of my PHI made under this authorization are for purposes of allowing the Authorized Recipient (a) to analyze, assess, or evaluate my health or medical condition, or life expectancy, in connection with the potential sale of any life insurance policy under which my life is insured or in connection with the purchase, maintenance or management of any annuity under which my life is the measuring life, or any sale, assignment or other transfer of such life insurance policy or annuity after its issuance, (b) to enable Credit Suisse to negotiate and enter into relevant financing, hedging and related agreements, (c) to monitor, track or verify my health or medical status and condition, (d) to track mortality trends, (e) to enable Credit Suisse to develop longevity-based financial products and indices that do not personally identify me but upon which payments may be made based upon my mortality or (f) to comply with any judicial, legal or regulatory process.

I acknowledge and understand that Credit Suisse may re-disclose my PHI to its funding sources and their service providers or other representatives, rating agencies and their service providers, and prospective subsequent purchasers of, or investors in, any life insurance policy under which my life is insured.

4. Expiration of Authorization: This Authorization will remain valid for and shall expire twenty-four months from the Effective Date set forth below.

5. Right to Revoke Authorization: I acknowledge and understand that I may revoke this authorization any time with respect to any Authorized HCP by notifying Credit Suisse in writing of my revocation of this authorization and delivering my revocation by mail or personal delivery at the following address: Credit Suisse Life Finance Group Settlements LLC, Eleven Madison Avenue, 94th Floor, New York, NY ~~10010-3529~~, 10010, Attention: Legal and Compliance Department and Kurt Gearhart; provided, that, any revocation of this authorization shall not apply to the extent that the Authorized Recipient has taken action in reliance upon this authorization prior to receiving written notice of my revocation.

6. Inability to Condition Treatment, Payment, Enrollment or Eligibility for Benefits on Provision of Authorization. I acknowledge and understand that no HCP or other covered entity may condition my treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.

I understand that this authorization is not a consent or an authorization requested by a health care provider, health care clearinghouse or health plan covered by the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (the "HIPAA Privacy Regulations"). I further understand that, as a result of this authorization, there is the potential for my PHI that is disclosed by any Authorized HCP to an Authorized Recipient to be subject to redisclosure by such Authorized Recipient and my PHI that is disclosed to such Authorized Recipient may no longer be protected by the HIPAA Privacy Regulations.

I certify that I am executing and delivering this authorization freely and unilaterally as of the date written below and that all information contained in this authorization is true and correct. I further certify that this authorization is written in plain language and that I have received and retained a copy of this signed authorization for my future reference.

Insured's Signature:

Print Name:

Date:

Effective Date:

Document comparison by Workshare Professional on Monday, October 03, 2011 4:59:00 PM

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